# Philips Medical Systems

## FIELD CHANGE ORDER

**Service**

| | | | | |
|---|---|---|---|---|
| **Issued by** | : PMS DMC Hamburg | | **Reference No.** | : **FCO74200007** |
| **Released by** | : Karl-H. Hamburg | **signed** | **Date** | : September 2, 2002 |
| **Publication No.** | : 4512 980 59601 | | **Product Group** | : 742 |

***SCP 50/80/100***
***OMCP / MRC***
***OMCP / MRM***
***Optimus RAD 50/65/80***
***Optimus R/F 50/65/80***
***Optimus C 50/65/80***

**APPLIES TO:**

**Note:**
This FCO is valid only for the generators mentioned in the ANR which have already been installed on customer sites.
For generators mentioned in the ANR which have **not** already been installed please perform **FCO74200006**.

**TITLE:**

Transport wheel problems with generator cabinet 40E.

**LIST OF PAGES & DRAWINGS:**

| | | |
|---|---|---|
| FCO74200007 | 1 ... 8 | 02.0 |
| | ANR 1 ... 2 | 02.0 |


Copyright © 2002 Philips Medical Systems
ALL RIGHTS RESERVED

**INTRODUCTION:**

**Symptom** : In individual cases blocking of the transport wheels may occur which might result in the tipping over of the generator cabinet during transport.

**Cause** : It may happen that the retaining rings on the axle of the transport wheel are not properly fixed.
This may have the effect that the retaining rings fall off and that the transport wheel slips off the axle. Thus the transport wheel is blocked which might cause the tipping over of the generator cabinet.

**Remedy** : Check of the transport wheels.

**Note:**
This FCO is valid only for the generators mentioned in the ANR which have already been installed on customer sites.
For generators which have **not** been installed please perform **FCO74200006**.

Check of all four transport wheels (illustration **1**).
The four transport wheels are secured with retaining rings on the axles.
The retaining rings are located on the left-hand and right-hand side of each axle (8 pieces).

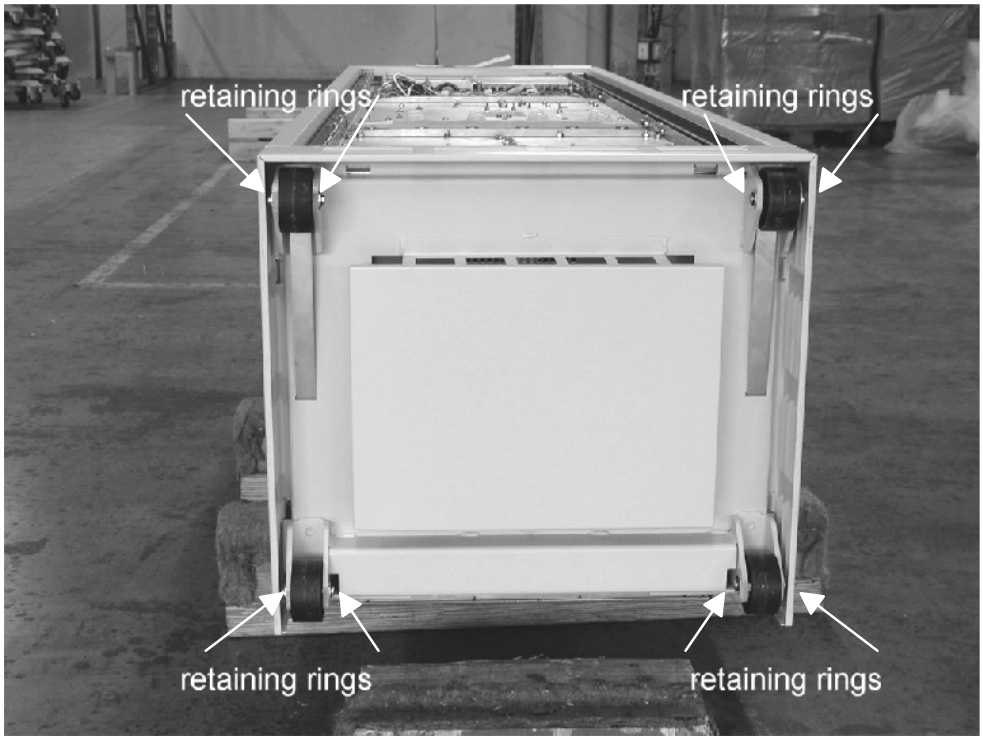


Illustration **1**


Copyright © 2002 Philips Medical Systems
ALL RIGHTS RESERVED

**MANPOWER / TIME TO COMPLETE:**

2 hours, 2 service engineers

**TOOLS & TEST EQUIPMENT:**

- Standard tool set

**MODIFICATION KIT TO BE ORDERED, NOT INCLUDED IN THIS FCO:**

| | |
|---|---|
| 4512 104 96701 | Retrofit kit “Transport wheels” |
| containing: | |
| 2522 600 86153 | 2 washers |
| 2522 634 25008 | 2 retaining rings |
| 4512 104 96711 | Sticker ‘Transport Wheels Checked’ |
| 4512 980 59601 | This FCO as instruction manual |
| Or buy locally: | Washer A 10.5mm DIN 125<br>Retaining ring 7mm DIN 6799 |
| Ordering Info: | N / A |

**PROCEDURE:**

- Check for sticker ‘**Transport Wheels Checked**’ at the upper left corner of the cabinet (illustration **2**).

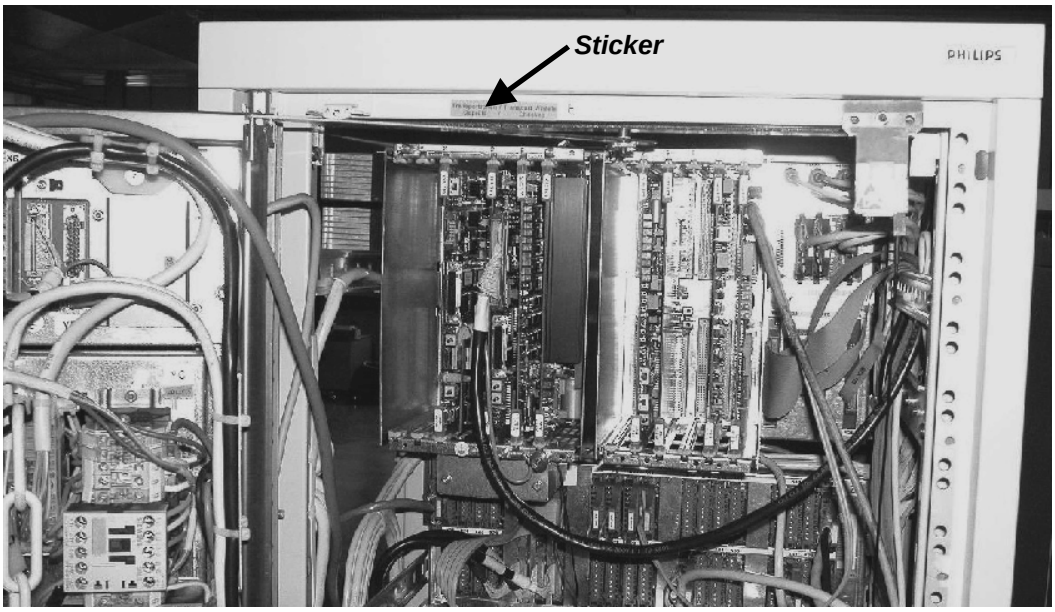


Illustration **2**


Copyright © 2002 Philips Medical Systems
ALL RIGHTS RESERVED

D

**WARNING!**

**Before starting any work separate the generator from mains.**
**I.e. remove all system mains fuses of the in house installation and make sure that the generator cannot be switched ON accidentally.**

- For all generators applied to which have already been installed check all four transport wheels.
- Carefully move the generator away from the wall. Proceed with utmost care because one of the transport wheels may already be blocked. A second person must make sure that the generator does not tip over or side wards. Move the generator away from the wall until enough space is provided to work on the side of the generator.
- With SCP / OMCP generators separate the HV tank mechanically from the generator cabinet (see section B "Installation Generator Subsystem book") and push it to the rear until access is provided to both sides of the generator cabinet.
  With Optimus 30/50/65 RAD / RF / C generators this work is not necessary since the HV tank is installed inside the generator cabinet.
- Slightly tilt the generator cabinet to the side (**not in the direction the transport wheels would start rolling!**).

**CAUTION!**

**In case of Optimus 30/50/65 RAD / RF / C generators DO NOT tilt more than 20°. Air bubbles can stick underneath of the HV metal screen inside the tank (illustration 3)**.

- The second person must check with the mirror provided in the standard tool kit whether all four transport wheels are secured with a retaining ring and washer on both sides of the wheel.
  (illustration **3**).


Copyright © 2002 Philips Medical Systems
ALL RIGHTS RESERVED

D **WARNING!**

**Do not reach with your hand under the generator cabinet.**

Illustration **3**


Copyright © 2002 Philips Medical Systems
ALL RIGHTS RESERVED

The retaining rings must sit securely in the grooves of the axle at both ends (illustration **4**).

Illustration **4**

**RESULTS**

1.) The retaining rings do not sit securely in the grooves of the axle (illustration **5**).

Illustration **5**

- Disconnect all cables of the generator cabinet.


Copyright © 2002 Philips Medical Systems
ALL RIGHTS RESERVED

- Tilt the cabinet through 90° and place it upon suitable wooden bars (illustration **6**).

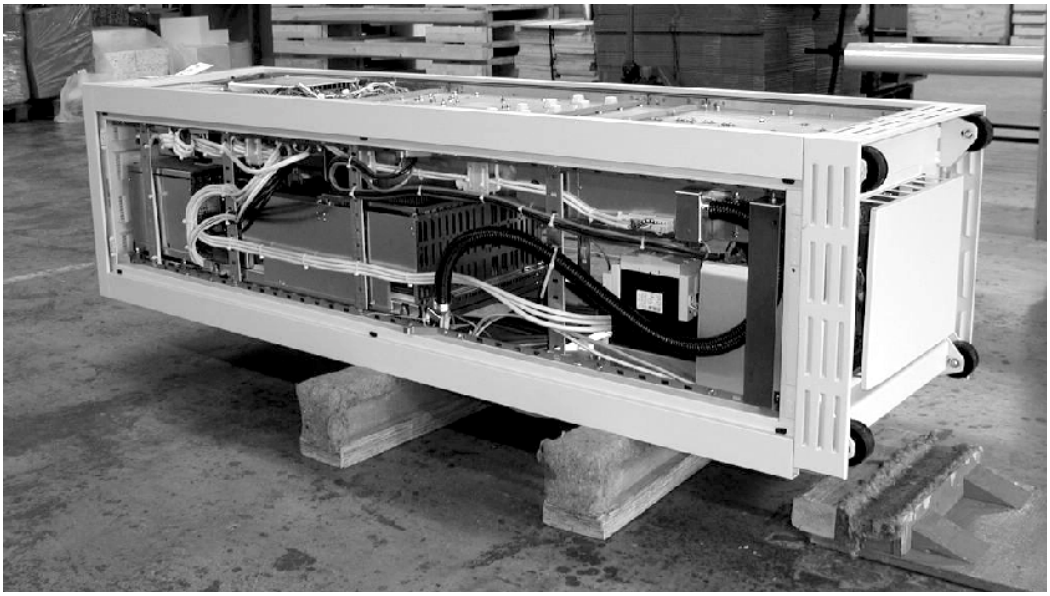

Illustration **6**

- Check the washers are still in place.
- Use suitable pliers to insert the retaining rings properly in their groves.
- Continue at step ‘Re-attach the HV tank…….’, point 3 on next page.

2.) The retaining rings are missing completely (Illustration **7**).

Illustration **7**

- The retaining rings and washers must be installed as soon as possible in a separate retrofit support action. Order retrofit kit number.
  Manpower / time needed for this action: 2 engineers / 10 hours.


Copyright © 2002 Philips Medical Systems
ALL RIGHTS RESERVED

3.) All retaining rings including washers sit securely on the axles (illustration **4** on page 6).

- Re-attach the HV tank / Grid Switch Tank at the generator cabinet.
- Connect all generator cables.
- Push the generator back into its original position.
- Switch ON again the system mains fuses and perform a functional test of the system.

- Cut out the sticker below and fix it with transparent TESA-film or take the sticker from the retrofit kit.

✂

**Transport Wheels Checked**

- Stick the sticker at the upper left corner of the cabinet (illustration **2** on page 3).

**PARTS DISPOSAL:**

N / A

**DOCUMENTATION:**

- Log this action in the section "History Record" of the System Reference Manual.
- File this FCO in the section "Service Information" of the System Reference Manual.
- Fill out the attached Action Notification Report and send it to your SSD Customer Services Manager.


Copyright © 2002 Philips Medical Systems
ALL RIGHTS RESERVED

# FCO ACTION NOTIFICATION REPORT

## For local SSD use only; do not return to PMG.

| | |
|---|---|
| TITLE ***:*** ***Transport wheel problems with generator cabinet 40E*** | |
| CLASSIFICATION : ***Service Recommendation*** | FCO REF. NO.: **FCO74200007** |

APPLIES TO :

| **SCP 50/80/100**<br>**OMCP / MRC**<br>**OMCP / MRM** | **Optimus RAD / R/F 50/65/80**<br>**Optimus C 50/65/80** |
|---|---|
| | 9890 000 02001 |
| 9890 000 00566 | 9890 000 61612 |
| 9890 000 00567 | 9890 000 61732 |
| 9890 000 00641 | 9890 000 61733 |
| 9890 000 00642 | 9890 000 00972 |
| 9890 000 00754 | 9890 000 00973 |
| 9890 000 00755 | 9890 000 00945 |
| 9890 000 00407 | 9890 000 61642 |
| 9890 000 00794 | 9890 000 61652 |
| 9890 000 01021 | 9890 000 02021 |
| 9890 000 00984 | 9890 000 01052 |
| 9890 000 00628 | 9890 000 61711 / 12 / 13 |
| 9890 000 61981 | 9890 000 61721 / 22 / 23 |
| 9890 000 00983 | 9890 000 61731 / 32 / 33 |
| 9890 000 00984 | 9890 000 61741 / 42 / 43 |
| 9890 000 00993 | 9890 000 61751 / 52 / 53 |
| 9890 000 00994 | 9890 000 61761 / 62 / 63 |
| 9890 000 61991 | 0000 007 42010 / 12 |


Copyright © Philips Medical Systems
ALL RIGHTS RESERVED

HOSPITAL / ADDRESS :

LOCATION / FW SITE NO.:

SALES ORDER NO. / OA NO.:

PRODUCT NUMBER : | | | | | | | | | | | | |

UNIT SERIAL NUMBER :

**ACTION ON THIS UNIT WAS**: (select one)

JOB NO. / SERVICE INCIDENT NO.:

☐ Completed per instruction on _____ DATE

☐ Completed by the factory prior to delivery.

☐ Not completed as this unit is not affected per instruction because: (state reason)

_____

☐ Not completed because customer has unit in storage.
Required parts & instructions received by the customer.

CUSTOMER ACKNOWLEDGEMENT (Required for **MANDATORY ACTIONS** only).

The **REASON and PURPOSE** of this modification have been explained to me.

_____ CUSTOMER NAME (PLEASE PRINT)

_____ TITLE

_____ CUSTOMER SIGNATURE

_____ DATE

BRANCH
REGION /
DEALER : _____

SERVICE UNIT /
SERVICE AREA NO.: _____

_____ SIGNATURE CUSTOMER SUPPORT ENGINEER

_____ DATE

_____ SIGNATURE CUSTOMER SUPPORT MANAGER

**MAIL TO : SSD Customer Support Manager**



Copyright © Philips Medical Systems
ALL RIGHTS RESERVED